

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000001121

1. Entity Name
DISABILITY ALTERNATIVES, INC.



Principal Place of Business
**719 CENTRAL AVE
ST PETERSBURG, FL 33701**

Mailing Address
**8199 TERR GRAN DR N. APT 414
SAINT PETERSBURG, FL 33709-1054**



01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2103147

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

5. Name and Address of Current Registered Agent

**GERDES, CHARLES W ESQ
770 SECOND AVE S.
SAINT PETERSBURG, FL 33709**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000183390
01/19/05-80066-007 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONDON, PHIL 8199 TERR. GRD #DR. N #414 SAINT PETERSBURG, FL 337091054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONDON, VICKI J 8199 TERR. GRD #DR. N #414 SAINT PETERSBURG, FL 337091054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEKORA, MELANIE 16302 E COURSE DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERDES, CHARLES 770 2ND AVE S SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, MICHELE 940 MONTE CRISTU BLVD. SAINT PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERSHROWITZ, HAL 1140 THIRD AVE S TIERRA VERDE, 33715

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Phil London President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05
Date

727-546-6500
Daytime Phone #